



POTENTIAL HAZARDOUS WASTE SITE
DISPOSITION

REGION 10 SITE NUMBER
WA D053823019

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME J.H. BAXTER & Co. B. STREET 188TH & 66TH AVENUE NORTH
C. CITY ARLINGTON D. STATE WA E. ZIP CODE 98223

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)	X				
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR DISPOSITION / SOURCES OF INFORMATION

WOOD TREATMENT FACILITY USING PCP & CREOSOTE. 103C NOTIFICATION INDICATED THAT PREVIOUS OWNER LANDFILLED PCP & CREOSOTE WASTES ON-SITE. WASTES NOW SHIPPED OFF-SITE. 1981 PCP SPILL CLEANED UP BY OWNER. / WDOE FILES, EPA ERRIS FILES.

KS0B:1

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.) G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)

H. PREPARER INFORMATION
1. NAME ROBERT KIEUIT 2. TELEPHONE NUMBER (206) 753-9014 3. DATE (mo., day, & yr.) 2-11-85

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.
SAMPLE SOIL IN AREA OF ALLEGED LANDFILLED WASTES & AREA OF 1981 PCP SPILL.

PRIORITY: LOW

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo, day, & yr)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

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III. INVESTIGATIVE ACTIVITY NEEDED		and PART B - PROPOSE		IGATIVE ACTIVITY (Continued)	
d. TYPE OF LAB ANALYSIS					
(1) _____		_____	_____	_____	
(2) _____		_____	_____	_____	
e. OTHER (specify)					
(1) _____		_____	_____	_____	
(2) _____		_____	_____	_____	
C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.					
D. ESTIMATED MANHOURS BY ACTION AGENCY					
1. ACTION AGENCY		2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES		1. ACTION AGENCY	
a. EPA				b. STATE	
c. EPA CONTRACTOR				d. OTHER (specify)	
IV. REMEDIAL ACTIONS					
A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.					
1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.					
1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY					
1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		